Emplished 1887 (Official Form B1, P1, 9-01	# 22063619
UNITED STATES BANKRUPTCY COURT	Wester DISTRICT OF New York Voluntary Petition
Name of Debtor(If individual, enter Last, First, Middle): Jenks, Joelle	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by debtor in the last 6 years (include married, maiden and trade names):	All Other Names used by the joint debtor in the last 6 years (include married, maiden and trade names):
Soc. Sec./Tax I.D. No. (If more than one, state all): 3102	Soc. Sec./Tax I.D. No. (If more than one, state all):
Street Address of Debtor (No. and street, city, state, zip): 7959 Wiscoy Road Portgageville, NY 14536	Street Address of Joint Debtor (No. and Street, City, State, Zip Code):
County of Residence or of the Principal Place of Business: Wyoming	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (If different from street address) P.O. Box 319 Portageville, New York 14536	Mailing Address of Joint Debtor (If different from street address):
Location of Principal Assets of Business Debtor (If different from addresses listed above)	the Debtor (Check the Applicable Boxes)
Venue: (Check any applicable box)	lace of business or principal assets in this District for 180 days immediately preceding han in any other District. ral partner or partnership pending in this District. Chapter or Section of Bankruptcy Code Under Which the Petition is Filed (Check one box) Chapter 7
Nature of Debts (Check one box)	Sec. 304-Case ancillary to foreign proceeding Filing Fee (Check one box)
Consumer/Non-business Chapter 11, Small Business (Check all boxes that appl Debtor is a small business as defined in 11 U.S.C. § 101 Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e) (Optional)	Filing fee attached.
Statistical/Administrative Information (Estimates Only) Debtor estimates that funds will be available for distribution to Debtor estimates that, after any exempt property is excluded a be no funds available for distribution to unsecured creditors.	
Estimated Number of Creditors 1-15	\$50 million \$100 m
\$50,000 \$100,000 \$500,000 \$1 million \$10 million	



Official Form B1 P2, 9-01

Voluntary Petition	Name of Debtor(s):	
(This page must be completed and filed in every case)	Jenks, Joelle	
Prior Bankruptcy Case Filed Within Las		ditional sheet)
Location	Case Number:	Date Filed:
Where Filed: Pending Bankruntey Case Filed by any Spanso Bostone		1
Pending Bankruptcy Case Filed by any Spouse, Partner, Name of Debtor:		
Name of Dector.	Case Number:	Date Filed:
District:	Relationship:	Judge:
Signature(s) of Debtor(s) (Individual/Joint) I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand	Does the debtor own or have possess alleged to pose a threat of imminent health or safety? Yes, and Exhibit C is attached an	sion of any property that poses or is and identifiable harm to public
the relief available under each such chapter, and choose to proceed under chapter 7.	No	id made a part of this petition.
I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.	Signature(s) of Debtor (Co	
Signature of Debtor	I declare under penalty of perjury that petition is true and correct, and that I petition on behalf of the debtor.	t the information provided in this have been authorized to file this
х	The debtor requests relief in accordan United States Code, specified in this p	nce with the chapter of title 11,
Signature of Joint Debtor	x	·
Telephone Number (if not represented by attorney)	Signature of Authorized Individua	al
Date: 01/28/04	Print or Type Name of Authorized	d Individual
X Signature of Attorney Signature of Attorney for Debtor(s)	Title of Authorized Individual by Date:	Debtor to File this Petition
Charles C. Welch	Signature of Non-Att	orney Petition Preparer
Printed Name of Attorney for Debtor(s) Law Office of Charles C. Welch Firm Name	I certify that I am a bankruptcy peting \$110, that I prepared this document for	ition preparer as defined in 11 U.S.C.
1722 Lake Road, P.O. Box 165 Address	provided the debtor with a copy of the	nis documentio
Hamlin, New York 14464	Printed Name of Bankruptcy Petit	tion Preparer
585-964-3950 Telephone Number	Social Security Number	
Date: 01/28/04	Address	
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange		- TRIJ
Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) Exhibit A is attached and made a part of this petition.	Names and Social Security numbers prepared or assisted in preparing thi	
Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts)	If more than one person prepared the additional signed sheets conforming each person.	this document, attaching to the appropriate official form for
I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that (he or she) may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.	Signature of Bankruptcy Petition l Date:	·
explained the relief available under each fuch chapter. X Signature of Attorney for Debtor(s) Date	A bankruptcy petition preparer's failure title 11 and the Federal Rules of Bankr fines or imprisonment or both. 11U.S.C	ruptcy Procedure may result in



UNITED STATES BANKRUPTCY COURT

Western $\mathbf{DISTRICT}$ \mathbf{OF} New York

nre: Jenks, Joelle

Debtor(s) Case No.

(if known)

See summary below for the list of schedules. Include Unsworn Declaration under Penalty of Perjury at the end.

GENERAL INSTRUCTIONS: Schedules D, E and F have been designed for the listing of each claim only once. Even when a claim is secured only in part, or entitled to priority only in part, it still should be listed only once. A claim which is secured in whole or in part should be listed on Schedule D only, and a claim which is entitled to priority in whole or in part should be listed in Schedule E only. Do not list the same claim twice. If a creditor has more than one claim, such as claims arising from separate transactions, each claim should be scheduled separately.

Review the specific instructions for each schedule before completing the schedule.

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and stare the number of pages in each. Report the totals from Schedules A, B, D, E, F, I and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts from Schedules D, E, and F to determine the total amount of the debtor's liabilities.

Attached (Yes	/No)	Num	ber of Sheets		Amounts Schedul	ed
Name of Schedule			Asset	s	Liabilities	Other
A - Real Property	Х	1		0.00		
B - Personal Property	Х	4	1	,813.12		
C - Property Claimed as Exempt	Х	2				
D - Creditors Holding Secured Claims	Х	1			0.00	
E - Creditors Holding Unsecured Priority Claims	Х	1			0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Х	6			30,205.94	
G- Executory Contracts and Unexpired Leases	Х	1				
H - Codebtors	Х	1				
l - Current Income of Individual Debtor(s)	Х	1				569.78
J - Current Expenditures of Individual Debtor(s)	Х	1				1,860.00
Total Number of Sheets of All Scheo	lules	19				
Tot	tal Asset	ts	1	,813.12		
			Tota	l Liabilities	30,205.94	

In re: Jenks, Joelle

Debtor(s) Case No.

(if known)

SCHEDULE A - REAL PROPERTY

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTERES IN PROPERTY	H W J C	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERT WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	SECURED
	Tot	al ->	0.00	(Report also on Summary of Schedules)

Inre: Jenks, Joelle

Debtor(s) Case No.

(if known)

SCHEDULE B - PERSONAL PROPERTY

TYPE OF PROPERTY	Z O Z E	DESCRIPTION AND LOCATION OF PROPERTY	H W J C	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1 Cash on hand		Ordinary cash on hand.		3.50
2 Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		HSBC Checking Account # 535764464		20.42
		ESL Federal Credit Union Checking Account # 83588-10 (Account is frozen)		8.32
		Savings Account ESL Federal Credit Union, Account # 83588-17 (Account is Frozen)		4.88
		HSBC Savings Account # 518469123		1.00
(Include on such faces and in the		attached. Report total also on Summary of Schedules) Tot	al ->	\$

In re: Jenks, Joelle

Debtor(s) Case No.

(if known)

SCHEDULE B - PERSONAL PROPERTY

	TYPE OF PROPERTY	N O N E	DESCRIP ⁻ FION AND LOCATION OF PROPERTY	H W J C	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
3	Security Deposits with public utilities, telephone companies, landlords and others.	Х			
4	Household goods and furnishings including audio, video, and computer equipment.		Ordinary household goods to include bedroom, living room, and dining room furniture and utensils		150.00
5	Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.	Х			
6	Wearing apparel.		Ordinary wearing apparel		200.00
8	Furs and jewelry. Firearms and sports, photographic and other hobby equipment.	X X			
9	Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	Х			
10	Annuities. Itemize and name each issuer.	Х			
11	Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Itemize.	Х			
12	Stock and interest in incorporated and unincorporated businesses. Itemize.	Х			
13	Interest in partnerships or joint ventures. Itemize.	Х			
_	(Include amounts from any continuation X continuation sheets attached	sheets	attached. Report tot₃l also on Summary of Schedules) Tot	al ->	\$

In re: Jenks, Joelle

Debtor(s) Case No.

(if known)

SCHEDULE B - PERSONAL PROPERTY

		DOLL D-I CKSONAL I KOI EKI I		
TYPE OF PROPERTY	ZOZE	DESCRIPTION AND LOCATION OF PROPERTY	H W J C	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
Government and corporate bonds and other negotiable and non-negotiable instruments.	Х			
Accounts receivable. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	XX			
Other liquidated debts owing debtor including tax refunds. Give particulars.	X			
18 Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property.	Х			
19 Contingent and non-contingent interests in estate of a descendent, death benefit plan, life insurance policy or trust.	Х			
20 Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor and rights to setoff claims. Give estimated value of each.	Х			
21 Patents, copyrights, and other general intellectual property. Give particulars.	Х			
22 Licenses, franchises, and other general intangible. Give particulars.	Х			
23 Automobiles, trucks, trailers, and other vehicles and accessories.		1990 Chevrolet Truck w/145,000 miles in poor condition		1,425.00
24 Boats, motors, and accessories.	X			
(Include amounts from any continuation		attached. Report total also on Summary of Schedules) Total	tal ->	\$

inre: Jenks, Joelle

Debtor(s) Case No.

(if known)

SCHEDULE B - PERSONAL PROPERTY

TYPE OF PROPERTY O DESCRIPTION AND LOCATION OF PROPERTY W N PROPERTY J DEDUCTING ANY DEDUCTING ANY		CHEDULE B - PERSONAL I	PROPERTY	
25 Aircraft and accessories. 26 Office equipment, furnishings, and supplies. 27 Machinery, fixtures, equipment, and supplies used in business. 28 Inventory. 29 Animals. 30 Crops-growing or harvested. Give particulars. 31 Farming equipment and implements. 32 Farm supplies, chemicals and feed. 33 Other personal property of any kind X X X X X X X X X X X X X X X X X X	TYPE OF PROPERTY	O N DESCRIPTION AND LOCATION	ON OF PROPERTY W	VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT
27 Machinery, fixtures, equipment, and supplies used in business. 28 Inventory. 29 Animals. 30 Crops-growing or harvested. Give particulars. 31 Farming equipment and implements. 32 Farm supplies, chemicals and feed. 33 Other personal property of any kind X X X X X X X X X X X X X X X X X X	Office equipment, furnishings, and	1		
29 Animals. 30 Crops-growing or harvested. Give particulars. 31 Farming equipment and implements. 32 Farm supplies, chemicals and feed. 33 Other personal property of any kind	flachinery, fixtures, equipment, and	Х		
31 Farming equipment and implements. 32 Farm supplies, chemicals and feed. 33 Other personal property of any kind	nimals. crops-growing or harvested. Give	X		
	arming equipment and implements. arm supplies, chemicals and feed. Other personal property of any kind	X		
(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules) Total -> \$ 1,813.3				

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules) continuation sheets attached

Total -> | \$ 1,813.12

Inre: Jenks, Joelle

Debtor(s) Case No.

(if known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under (Check one Box).

11 U.S.C. § 522(b)(1): Exemptions provided in 11 U.S.C.§ 522(d).	Note:	These exemptions are available only in certain states.
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11 U.S.C. § 522(b)(1): Exemptions provided in 11 U.S.C.§ 522(d). Not 11 U.S.C. § 522(b)(2): Exemptions available under applicable nonbank	e: These exemptions are available only in certain states. cruptcy federal laws, state or local law.		
DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT MARKET VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
Ordinary cash on hand.	N.Y. Debt. & Cred. Law # 283 Bank Deposits	3.50	3.50
HSBC Checking Account # 535764464	N.Y. Dekt. & Cred. Law # 283 Bank Deposits	20.42	20.42
ESL Federal Credit Union Checking Account # 83588-10 Account is frozen)	N.Y. Debt. & Cred. Law # 283 Bank Deposits	8.32	8.32
Savings Account ESL Federal Credit Union, Account # 83588-17 (Account is Frozen)	N.Y. Debt. & Cred. Law # 283 Bank Deposits	4.88	4.88

Inre: Jenks, Joelle

Debtor(s) Case No.

(if known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under (Check one Box).

11 U.S.C. § 522(b)(1): Exemptions provided in 11 U.S.C.§ 522(d). Note: These exemptions are available only in certain states.

11 U.S.C. § 522(b)(2): Exemptions available under applicable nonbankr	uptcy federal laws, stale or local law.	T	
DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT MARKET VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
HSBC Savings Account # 518469123	N.Y. Debt. & Cred. Law # 283 Bank Deposits	1.00	1.00
Ordinary household goods to include bedroom, living room, and dining room furniture and utensils		150.00	150.00
Ordinary wearing apparel	CPLR # 5205(a)(5) Wearing Apparel, Household Furniture, Refrigerator, Radio, TV, Crockery, Tableware and Cooking Utensils.	200.00	200.00
1990 Chevrolet Truck w/145, 000 miles in poor condition	N.Y. Debt. & Cred. Law # 282(iii; (1) Motor Vehicles	1,425.00	1,425.00



Form B6 D W (11-95)

In re: Jenks, Joelle

Debtor(s) Case No.

(if known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

dule D

		,				
CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	D E B	٦	DESCRIPTON AND MARKET	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION IF ANY	C U D *
A/C#			VALUE \$			
	-					
A/C#	·	1	\/ALLIE @	T		
7,0 #		L.	VALUE \$	1		
A/C#		<u> </u>	VALUE \$			
A/C#	T		VALUE \$			+-
A/C#			VALUE \$			_
A/C#			VALUE \$			
A/C#			VALUE \$			\top
Continuation Charles to the Augustian	hi or le-t		Subtotal -> (Total of this page) Total ->	0.00		
Continuation Sheets attached. (use on	iy Uli lasi	μd	ge of the completed Schedule D.)	0.00		

*If contingent, enter C; if unliquidated, enter U; if disputed, enter D.

(Report total also on Summary of Schedules)

In re: Jenks, Joelle

Debtor(s) Case No.

(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

	Check this box if debtor has no creditors holding	unse	ecui	red priority claims to report on this So	chedule E.		
	PE OF PRIORITY CLAIMS (Check the appropriat					ets)	
	Extensions of credit in an involuntary case Claims arising in the ordinary course of the debto appointment of a trustee or the order for relief. 11	r's b U.S	usii S.C	ness or financial affairs after the com § 507(a)(2).	mencement of the case but	before the earlier of the	
	Wages, salaries, and commissions Wages, salaries, and commissions, including vac employee, earned within 90 days immediately pre extentprovided in 11 U.S.C. § 507(a)(3)	atioi ced	n, s ling	everance, and sick leave pay owing the filing of the original petition, or the	to employees, up to a maxir e cessation of business, wh	num of \$4300 per nichever occured first, to the	he
	Contributions to employee benefit plans Money owed to employee benefit plans for service cessation of business, whichever occured first, to	es re the	ende	ered within 180 days immediately pre ent provided in 11 U.S.C. § 507(a)(4)	eceding the filing of the origi	nal petition, or the	
	Certain farmers and fishermen Claims of certain farmers and fishermen, up to a r 507(a)(5).					ded in 11 U.S.C. §	
	Deposits by individuals Claims of individuals up to a maximum of \$1950 f household use, that were not delivered or provide	or de d. 1	epo 1 U.	sits for the punchase, lease, or rental .S.C. § 507(a)(5)	of property or services for	personal, family, or	
Ш	Alimony, Maintenance, or Support Claims of a spouse, former spouse, or child of the	del	otor	for alimony, maintenance, or suppor	t, to the extent provided in l	J.S.C. § 507(a)(7).	
	Taxes and Certain Other Debts Owed to Gover Taxes, customs duties, and penalties owing to fee Commitments to Maintain the Capital of an Ins Claims based on commitments to the FDIC, RTC, of the Federal Reserve System, or their predecess	nme deral sure Dire	enta i, sta d De ecto	al Units ate, and local governmental units as epository Institution or of the Office of Thrift Supervision.	set forth in 11 U.S.C. § 507	(a)(7).	
*Ar	(a)(8). nounts are subject to adjustment on April 1, 1998, ustment.					_	
	CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CO D E B	C H M H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	TOTAL AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	C U D *
Ā	/C #	Ľ					+
Α	/C #						
A	C#	П					+
				Subtotal -> (Total of this page)	0.00		
	Continuation Sheets attached.	aef	na.	Total -> ge of the completed Schedule E.)			
lf c	ontingent, enter C: if unliquidated, enter U: if disnu				Summany of Schodulas)		

Europado Sp. Law Producto	FORM B6F(Official Form6F) (9/97)
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In re: _	Jenks, Joelle	· · ·	Case No.	
	Dobtor		(if known)	

State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place "X" in the column labeled 'Disputed". (You may need to place an "X" in more than one of these three columns).

Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR HUSBAND, WIFE,	JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Angela Leverson 5707 E. Lake Road Conecius, NY 14435		W	Judgement issued by Clarkson Town Court in 1999 for past due rent				1,000.00
ACCOUNT NO. 2335 Citibank/CCSI Bankruptcy Recovery Dept. Attn: Diana Ekis 7920 NW 110 St. POB 20487 Kansas City, MO 64195-9904		E .	consumer goods, debt was incurred in 2001, Judgement granted 03/03				8,357.79
ACCOUNT NO. 3588 ESL Federal Credit Union Attn: Janet Burt, LSD 100 Kings Hwy., S. Suite 1200 Rochester, New York 14617-9974	4		Balance owed on auto loan for vehicle that was voluntarily repossessed in June 2003				8,092.70
ESL Federal Credit Union Attn: Janet Burt, LSD 100 Kings Hwy., S. Suite 1200 Rochester, New York 14617-997			value owed for vehicle that was voluntarily repcssessed in August 2003				6,097.18
ACCOUNT NO. 5200 Frontier Telephon of Rocheste: Att: J. Coyne/A. Lembaris Bankruptcy Clerk 180 S. Clinton Ave. Rochester, NY 14646-0300			debt was incurred in 02/ 01 for consumer services				388.92
			X cortinuation sheets attached.	То			\$ 23,936.59 \$ n last page of completed Schedule



Inre: <u>Jenks</u>, Joelle

Case No.

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

SACCOUNT NO O418 & SB1-B Lakeside Memorial Hospital 156 West Ave. Brockport, NY 14420 ACCOUNT NO O418 & SB1-B Lakeside Memorial Hospital 156 West Ave. Brockport, New York 14420 ACCOUNT NO O418 & SB1-B Lakeside Memorial Hospital 156 West Ave. Brockport, New York 14420 ACCOUNT NO O418 & SB1-B Lakeside Memorial Hospital 156 West Ave. Brockport, NY 14420 ACCOUNT NO O418 & SB1-B Lakeside Memorial Hospital 156 West Ave. Brockport, NY 14420 ACCOUNT NO O418 & SB1-B Lakeside Memorial Hospital 156 West Ave. Brockport, NY 14420 ACCOUNT NO O418 & SB1-B Lakeside Memorial Hospital 156 West Ave. Brockport, NY 14420 ACCOUNT NO O418 & SB1-B Lakeside Memorial Hospital 156 West Ave. Brockport, New York 14420 ACCOUNT NO O418 & SB1-B Lakeside Memorial Hospital 156 West Ave. Brockport, New York 14420 ACCOUNT NO O418 & SB1-B Lakeside Memorial Hospital 156 West Ave. Brockport, New York 14420 ACCOUNT NO O418 & SB1-B Lakeside Memorial Hospital 156 West Ave. Brockport, New York 14420 ACCOUNT NO O418 & SB1-B Lakeside Memorial Hospital 156 West Ave. Brockport, New York 14420 ACCOUNT NO O418 & SB1-B Lakeside Memorial Hospital 156 West Ave. Brockport, New York 14420 ACCOUNT NO O418 & SB1-B Lakeside Memorial Hospital 156 West Ave. Brockport, New York 14420 ACCOUNT NO O418 & SB1-B Lakeside Memorial Hospital 156 West Ave. Brockport, New York 14420 ACCOUNT NO O418 & SB1-B Lakeside Memorial Hospital 156 West Ave. Brockport, New York 14420 ACCOUNT NO O418 & SB1-B Lakeside Memorial Hospital 156 West Ave. Brockport, New York 14420		Т	T		_		т —	
CONSUMER SERVICES, debt was incurred in 2001 ACCOINTNO 0968 Genesee Valley Family Medicine 18 Main Street P.O. Box 99 Mt. Morris, NY 14510 ACCOUNTNO 0968 Jacqueline Crans 105 N. Main Street Mt. Morris New York 14510 ACCOUNTNO 4497,0417, Lakeside Memorial Hospital 156 West Ave. Brockport, NY 14420 ACCOUNTNO 4288 Ave. Brockport, New York 14420 ACCOUNTNO 4297,0417, Lakeside Memorial Hospital 156 West Ave. Brockport, New York 14420 ACCOUNTNO 4297,0417, Lakeside Memorial Hospital 156 West Ave. Brockport, New York 14420 ACCOUNTNO 4297,0417, Lakeside Memorial Hospital 156 West Ave. Brockport, New York 14420 ACCOUNTNO 4297 & Medical services rendered on .0/955-9/02 Medical services for son 157. Medical services rendered on .0/955-9/02 Medical services rendered 9/200 ACCOUNTNO 9/200 ACCOUN	MAILING ADDRESS	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO	CONTINGENT	UNLIQUIDATED	DISPUTED	OF
Genese Valley Family Medicine 118 Main Street P.O. Box 99 Mt. Morris, NY 14510 ACCOUNT NO. Jacqueline Crans 105 N. Main Street Mt. Morris New York 14510 ACCOUNT NO. 4497, 0417, Lakeside Memorial Hospital 156 West Ave. Brockport, NY 14420 ACCOUNT NO. 7261 ACCOUNT NO. 4797 & 0419 Lakeside Memorial Hospital 156 West Ave. Brockport, New York 14420 ACCOUNT NO. 7399 & 0419 Lakeside Memorial Hospital 156 West Ave. Brockport, New York 14420 ACCOUNT NO. 7399 & 0419 Lakeside Memorial Hospital 156 West Ave. Brockport, New York 14420 ACCOUNT NO. 7399 & 0419 Lakeside Memorial Hospital 156 West Ave. Brockport, New York 14420 ACCOUNT NO. 7399 & 0419 Lakeside Memorial Hospital 156 West Ave. Brockport, New York 14420 ACCOUNT NO. 7399 & 0419 Lakeside Memorial Hospital 156 West Ave. Brockport, New York 14420 ACCOUNT NO. 7399 & 0419 Lakeside Memorial Hospital 156 West Ave. Brockport, New York 14420 ACCOUNT NO. 7399 & 0419 Lakeside Memorial Hospital 156 West Ave. Brockport, New York 14420 ACCOUNT NO. 7399 & 0419 Lakeside Memorial Hospital 156 West Ave. Brockport, New York 14420 ACCOUNT NO. 7399 & 0419 Lakeside Memorial Hospital 156 West Ave. Brockport, New York 14420 ACCOUNT NO. 7399 & 0419 Lakeside Memorial Hospital 156 West Ave. Brockport, New York 14420 ACCOUNT NO. 7399 & 0419 Lakeside Memorial Hospital 156 West Ave. Brockport, New York 14420 ACCOUNT NO. 7399 & 0419 Lakeside Memorial Hospital 156 West Ave. Brockport, New York 14420 ACCOUNT NO. 7399 & 0419 Lakeside Memorial Hospital 156 West Ave. Brockport, New York 14420	3626 General Environmental Technic P.o. Box 76	3a						86.47
Jacqueline Crans 105 N. Main Street Mt. Morris New York 14510 Account No. 4497,0417, Lakeside Memorial Hospital 156 West Ave. Brockport, NY 14420 Account No. 7261 Lakeside Memorial Hospital 156 West Ave. Brockport, NY 14420 Account No. 7261 Lakeside Memorial Hospital 156 West Ave. Brockport, New York 14420 Account No. 7261 Lakeside Memorial Hospital 156 West Ave. Brockport, New York 14420 Account No. 7261 Lakeside Memorial Hospital 156 West Ave. Brockport, New York 14420 Account No. 7261 Lakeside Memorial Hospital 156 West Ave. Brockport, New York 14420 Account No. Redical services rendered 9/2:00 Account No. Redical services rendered 9/2:00 Account No. Redical services rendered 9/2:00 Subtotal Total Subtotal S	0968 Genesee Valley Family Medicin 118 Main Street P.O. Box 99	ne						195.00
ACCOUNT NO. 7261 Lakeside Memorial Hospital 156 West Ave. Brockport, NY 14420 ACCOUNT NO. 7261 Lakeside Memorial Hospital 156 West Ave. Brockport, New York 14420 ACCOUNT NO. 7261 Lakeside Memorial Hospital 156 West Ave. Brockport, New York 14420 ACCOUNT NO. 7261 Lakeside Memorial Hospital 156 West Ave. Brockport, New York 14420 ACCOUNT NO. 4999 & 0419 Lakeside Memorial Hospital 156 West Ave. Brockport, New York 14420 ACCOUNT NO. 4999 & 0419 Lakeside Memorial Hospital 156 West Ave. Brockport, New York 14420 ACCOUNT NO. 4999 & 0419 Lakeside Memorial Hospital 156 West Ave. Brockport, New York 14420 Subtotal Subtot	Jacqueline Crans 105 N. Main Street			25th, 2001 for past due rent in Mt. Morris Town				1,470.00
ACCOUNT NO. 7261 Lakeside Memorial Hospital 156 West Ave. Brockport, NY 14420 ACCOUNT NO. 7261 Lakeside Memorial Hospital 156 West Ave. Brockport, New York 14420 ACCOUNT NO. 4999 & 0419 Lakeside Memorial Hospital 156 West Ave. Brockport, New York 14420 Brockport, New York 14420 ACCOUNT NO. 4999 & 0419 Lakeside Memorial Hospital 156 West Ave. Brockport, New York 14420 Brockport, New York 14420 Subtotal Total Subtotal Total	4497,0417, Lakeside Memorial Hospital 156 West Ave.			01/02 for medical				231.00
ACCOUNT NO. 7261 Lakeside Memorial Hospital 156 West Ave. Brockport, New York 14420 ACCOUNT NO. 4999 & 0419 Lakeside Memorial Hospital 156 West Ave. Brockport, New York 14420 medical services rendered, debt was incurred in 200 Subtotal Total \$ 3,360.	0418 & 881-8 Lakeside Memorial Hospital 156 West Ave.							157.27
ACCOUNT NO. 4999 & 0419 Lakeside Memorial Hospital 156 West Ave. Brockport, New York 14420 Subtotal Total **Total** Total **Total** Total **Total	7261 Lakeside Memorial Hospital 156 West Ave.							153.31
Total \$	Lakeside Memorial Hospital 156 West Ave.			rendered, debt was				1,067.30
X cortinuation sheets attached. (Use only on last page of completed Sched			<u> </u>	X	Tot	al		\$

In re: <u>Jenks</u>, <u>Joelle</u>

Case No.		
Lase No		

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR HUSBAND WIFE	JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 4473,0413, Lakeside Memorial Hospital 156 West Ave. Brockport, New York 14420			medical services rendered for son, Joshua, from 08 /01-12/01				94.00
ACCOUNT NO. 4494,5317 Lakeside Memorial Hospital 156 West Ave. Brockport, New York 14420			Debt was incurred for medical services rendered for son Joshua on 9/2001, 1/2002 & 9/02				231.00
ACCOUNT NO. 7490 & 0410 Lakeside Memorial Hospital 156 West Ave. Brockport, New York 14420			medical services rendered 11/18/99 & 9/17/1999				96.95
ACCOUNT NO. 8815 Mercantile Adjustment Bureau P.O. Box 9315A Rochester, New York 14604-099	19		collection agency for ESL for vehicle that was voluntarily repossessed June 2003				1.00
ACCOUNT NO. 5209 Mercantile Adjustment Bureau P.O. Box 9315A Rochester, New York 14604-099	19		debt collection agency for Strong Memorial for medical services rendered in 2002				1.00
ACCOUNT NO. 5061 Noyes Memorial Hospital 111 Clara Barton Street Dansville, NY 14437			Medical services rendered debt was incurred in 2003				36.00
ACCOUNT NO. 6729 Noyes Memorial Hospital 111 Clara Barton Street Dansville, NY 14437			medical services rendered, debt was incurred in 2003				21.00
				Sub	tota	.1	\$ 480.95
			Х	Tota	al .		\$



n re:	Jenks,	Joelle

C N-		
Case No.		

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 3102 Noyes Memorial Hospital 111 Clara Barton Street Dansville, NY 14437			debt was incurred 5/03 for medical services rendered for daughter				21.00
ACCOUNT NO. 9959 Noyes Memorial Hospital 111 Clara Barton Street Dansville, NY 14437			medical services rendered 7/03 for son				21.00
ACCOUNT NO. 5501 Noyes Memorial Hospital 111 Clara Barton Street Dansville, NY 14437			medical services rendered, debt was incurred in 12/02				49.62
ACCOUNT NO. 0703 Park Ridge Hospital 125 Indigo Creek Dr. Rochester, New York 14626			debt was incurred for medical services rendered 11/33				68.58
ACCOUNT NO. 7678 Providian P.O. Box 9016 Pleasanton, CA 94566-9016			debt was incurred for consumer goods, debt was incurred in 2000				165.97
ACCOUNT NO. 7695 RG&E 89 East Ave. Rochester, NY 14649-0001			consumer services debt was incurred in 2000				1,584.72
ACCOUNT NO. 4990 SEARS Bankruptcy Recovery P.O. Box 3671 DesMoines, IA 50322			consumer goods , debt was incurred in 2001				85.04
			X cor tinuation sheets attached. (1	Sub Tota	al		\$ 1,995.93 \$ ast page of completed Schedule



n re:	Jenks,	Joelle

Case No.	

		Г. I	- TOTAL CONTROLLED TOTAL R				CE HIVE
CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 0355 Strong Health Church Street Station P.O. Box 6772 New York New York 10249			debt was incurred for medical services rendered 12/31/02				13.00
ACCOUNT NO. 3601 Strong Health Church Street Station P.O. Box 6772 New York, NY 10249-6772			debt: was incurred 6/02 for medical services rendered				115.00
ACCOUNT NO. 5501 Strong Health Church Street Station P.O. Box 6772 New York, NY 10249-6772			debt. was incurred for medical services rendered on 03/03				13.00
ACCOUNT NO. 2088 Strong Health Church Street Station P.O. Box 6772 New York, NY 10249-6772 Re: John Norante, MD.			medical services rendered for son on 8/00				30.00
ACCOUNT NO. 4946 Strong Health Church Street station P.O. Box 6772 New York, NY 10246-6772			debt was incurred 3/03 for medical services rencered				15.00
ACCOUNT NO. 4534 Strong Health P.O. Box 278998 Rochester, New York 14627-899	8		debt was incurred in 09/ 02 for medical services rendered				15.00
ACCOUNT NO. 9164 TSI 500 Commerce Boulevard Rohnert Park, CA 94928-1651			collection agency for Elizabeth Wende Breast Clinic				1.00
			**	Subt Tota		_ h	\$ 202.00 \$
			X			ᆫ	st page of completed Schedule F.



n re:	Jenks,	Joelle
11 16.	OCITIVO	

Case No		
Lase No		

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 9164 The Elizabeth Wende Breast 170 Sawgrass Drive Rochester, NY 14620-4648			medical services rendered, debt was incurred 6/03				35.00
ACCOUNT NO. 9164 Transworld Systems, Inc. 6255 Sheridan Drive #200 Amherst, NY 14221			collection agency for Elizabeth Wende Breast Clinic				1.00
ACCOUNT NO. 2335 Upton Cohen & Slamowitz 485 Underhill Blvd. Syosset, NY 11791			consumer goods, debt was incurred in 2002, Attorney for Creditor				1.00
ACCOUNT NO. 55856387098675262 VERIZON AU: Bankruptcy Specialist 6360 Thompson Road POB 6360 Fir: 1 Syracuse, NY 13206			consumer services, debt was incurred in 2003				193.12
ACCOUNT NO.							
ACCOUNT NO.							
ACCOUNT NO.							
	1	<u> </u>		Sub Tot		ıl	\$ 230.12 \$ 30,205.94

----- continuation sheets attached.

(Use only on last page of completed Schedule F.)



Form B6 G W (11-95)

in Jenks, Joelle
re:

Debtor(s) Case No.

(if known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST, STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY, STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.



in

re:

Jenks, Joelle

Debtor(s) Case No.

(if known)

SCHEDULE H - CODEBTORS

Check this box if debtor has no codebtors						
NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR					



Jenks, Joelle In

re:

Debtor(s) Case No.

(if known)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by a married debtor in a chapter 12 or 13 case whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.

	CEPENDENT	OF DEBTOR AND SPOUSE		
Debtor's Marital Status Divorced	NAMES		AGE 9 8 5	RELATIONSHIP Daughter Son Son
Employment	DEBTOR		SPOU	JSE
Occupation Disab	led			
Name of Employer				
How long employed				
Address of Employer				
Income: (Estimate of avera	ige monthly income)		, ,,,	
Current monthly gross wag	es, salary,and commissions (pro rate if not paid monthly.)	\$	0.00	•
Estimate monthly overtime			0.00	
SUBTOTAL		\$	0.0	0.00
LESS PAYROLL DEDU	ICTIONS			
 a. Payroll taxes and so 	cial security		0.00	0.00
b. Insurance			0.00	0.00
			0.00	0.00
d. Other (Specify)				
			0.00 0.00 0.00	0.00
SUBTOTAL OF PAYRO	DLL DEDUCTIONS	\$	0.0	
TOTAL NET MONTHLY TA	KE HOME PAY		0.00	0.00
= '	tion of business or profession or farm		0.00	
(attach detailed statement)			0.00	
Income from real property			0.00	
Interest and dividends			0.00	0.00
	apport payments payable to the debtor for the debtor's		E C O 7 C	0 00
use or that of depender	ernment assistance (Specify)		569.78	
Social security of other gov	ermnent assistance (opechy)		0.00	
			0.00	
Pension or retirement incom	ne		0.00	
Other monthly income (Spe			3.00	3.00
(0)	•		0.00	0.00
			0.00	
			0.00	
TOTAL MONTHLY INCOM	E	\$	569.78	

Describe any increase or decrease of more than 10% in any of the above categories anticipated to occur within the year following the filling of this document:



ln

re:

Form B6 J W (11-95)

Jenks, Joelle

Debtor(s) Case No.

(if known)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Are real estate taxes included?	inabeled "Spouse". Rent or home mortgage payment (include lot rented for mobile home)		
Julities Electricity and Heating Fuel Water and Sewer Telephone Other Chore maintenance (repairs and upkeep) Cod Cother Cothing Sociating Soc	Is property insurance	\$	400.00
Water and Sever Telephone Other Othe	Are real estate taxes included?		0.00
Eleptrothe Cher C	Water and Sewer		35.00
Other Cother Cond Cod Cod Cod Cod Cothing Laundry and dry cleaning Medical and dental expenses Transportation (not including can payments) Recreation, clubs and entertainment, newspapers, magazines, etc. Charitable contributions Insurance (not deducted from wages or included in home mortgage payments) Homeowner's or renter's Life Health Auto Other Cother Cother Auto Other Cother Alimony, maintenance, and support paid to others Payments for support of additional dependents not living at your home Regular expenses from operation of business, profession, or farm (attach cetailed statement) COTAL MONTHLY EXPENSES (Report also on Summary of Schedules) \$ 1,860 FOR CHAPTER 12 AND 13 DEBTORS ONLY) Provided the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interviace in frontain projected monthly income 5 1,860 C Excess income (A minus B) \$ 1,860 C Excess income (A minus B)	leiepnone		60.00
From maintenance (repairs and upkeep) Food Clothing So Clothing So Medical and dental expenses Transportation (not including car payments) Recreation, clubs and entertainment, newspapers, magazines, stc. Charitable contributions Insurance (not deducted from wages or included in home mortgage payments) Homeowner's or renter's Life Health Auto Other Taxes (not deducted from wages or included in home mortgage payments) Specify) Insulance (In chapter 12 and 13 cases, do not list payments to be included in the plan) Auto Other Auto Other Auto Other Taxes (not deducted from wages or included in home mortgage payments) Specify) Insulanment payments: (In chapter 12 and 13 cases, do not list payments to be included in the plan) Auto Other Taxes (not deducted from wages or included in home mortgage payments) Specify) Insulanment payments: (In chapter 12 and 13 cases, do not list payments to be included in the plan) Auto Other Solution Auto Other (In Chapter 12 and 13 cases, do not list payments to be included in the plan) Auto Other (In Chapter 12 and 13 cases, do not list payments to be included in the plan (In Chapter 12 and 13 cases) (In Chapter 13 and 13 cases) (In Chapter 14 and 13 cases) (In Chapter 15 and 13 cases) (In Chapter 16 and 1	Other		0.00
Home maintenance (repairs and upkeep) Food Food Food Food Food Food Food Foo			0.00
Clothing	Home maintenance (renairs and unkeen)		0.00
Clothing Laundry and dry cleaning Medical and clental expenses Transportation (not including car payments) Transportation (not including car payments) 30 (Recreation, clubs and entertainment, newspapers, magazines, act. Charitable contributions Insurance (not deducted from wages or included in home mortgage payments) Homeowner's or renter's Life Health Auto Other Taxes (not deducted from wages or included in home mortgage payments) (Contributions) (Contribu	Food		560.00
Laundry and dry cleaning 100 (Medical and dental expenses 7 (Transportation (not including car payments) 300 (Recreation, clubs and entertainment, newspapers, magazines, atc. Charitable contributions (Charitable contributions insurance (not deducted from wages or included in home mortgage payments) Homeowner's or renter's Life Health Auto Chief Health Auto Chief Health Auto Chief (Chief Health Health Auto Chief (Chief Health Health Health Health Health Health Health Auto Chief (Chief Health	Clathina		50.00
Medical and dental expenses Transportation (not including arr payments) Recreation, clubs and entertainment, newspapers, magazines, stoc. Tharitable contributions Insurance (not deducted from wages or included in home mortgage payments) Homeowner's or renter's Life Health Auto Other Taxes (not deducted from wages or included in home mortgage payments) Specify) Installment payments: (in chapter 12 and 13 cases, do not list payments to be included in the plan) Auto Other Altinony, maintenance, and support paid to others Regular expenses from operation of business, profession, or farm (attach cetailed statement) Other (C) TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules) (FOR CHAPTER 12 AND 13 DEBTORS ONLY) Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interv A. Total projected monthly income B. Total projected monthly expenses 1,866 C. Excess income (A minus B) * 1,866 C. Excess income (A minus B)			100.00
Transportation (not including car payments) 20 Caparitable contributions 10 Charinable contributions 11 Charinable contributions 12 Charinable contributions 13 Charinable contributions 14 Charinable contributions 15 Charinable contributions 16 Charinable contributions 16 Charinable contributions 17 Charinable contributions 18 Charinable contributions 19 Charinable contributions 19 Charinable contributions 10 Charinable			75.00
Recreation, clubs and entertainment, newspapers, magazines, etc. Charitable contributions Insurance (not deducted from wages or included in home mortgage payments) Homeowner's or renter's Life Health Auto Other Taxes (not deducted from wages or included in home mortgage payments) Specify) Installment payments: (In chapter 12 and 13 cases, do not list payments to be included in the Jain) Auto Other Auto Other Auto Other Auto Other S Auto Other City Auto Other S City Auto Other S City Auto Other S City Auto Other S City Auto Other City Auto Other S City Auto Other City Aut	Transportation (not including car payments)		300.00
Insurance (not deducted from wages or included in home mortgage payments) Homeowner's or renter's Life Health Auto Other Taxes (not deducted from wages or included in home mortgage payments) (Specify) Installment payments: (in chapter 12 and 13 cases, do not list payments to be included in the plan) Auto Other Alto Other Alto Other Alto Other Alto Other Company maintenance, and support paid to others Payments for support of additional dependents not living at your home Regular expenses from operation of business, profession, or farm (attach cetailed statement) Other Company maintenance, and support paid to others Payments for support of additional dependents not living at your home (Company maintenance) (Recreation, clubs and entertainment, newspapers, magazines,		200.00
Homeowner's or renter's Life Health Auto Other Taxes (not deducted from wages or included in home mortgage payments) (Specify) Installment payments: (In chapter 12 and 13 cases, do not list payments to be included in the plan) Auto Other Auto Other Alimony, maintenance, and support paid to others Payments for support of additional dependents not living at your home Regular expenses from operation of business, profession, or farm (attach cetailed statement) Other TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules) \$ 1,866 (FOR CHAPTER 12 AND 13 DEBTORS ONLY) Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interv A. Total projected monthly income B. Total projected monthly income Secured Total Reposes (A minus B) \$ -1,296	Charitable contributions		0.00
Life Health			0.00
Health Auto Other Taxes (not deducted from wages or included in home mortgage payments) (Specify) Installment payments: (In chapter 12 and 13 cases, do not list payments to be included in the plan) Auto State Other Alimony, maintenance, and support paid to others Payments for support of additional dependents not living at your home Regular expenses from operation of business, profession, or farm (attach cetailed statement) Other TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules) \$ 1,860 (FOR CHAPTER 12 AND 13 DEBTORS ONLY) Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interv A. Total projected monthly income B. Total projected monthly income C. Excess income (A minus B) \$ -1,290			0.00
Auto Other Taxes (not deducted from wages or included in home mortgage payments) (Specify) Installment payments: (In chapter 12 and 13 cases, do not list payments to be included in the plan) Auto Start Council C			0.00
Taxes (not deducted from wages or included in home mortgage payments) Specify) Installment payments: (In chapter 12 and 13 cases, do not list payments to be included in the plan) Auto Other Alimony, maintenance, and support paid to others Payments for support of additional dependents not living at your home Regular expenses from operation of business, profession, or farm (attach cetailed statement) Other TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules) \$ 1,866 IFOR CHAPTER 12 AND 13 DEBTORS ONLY) Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interv A. Total projected monthly income B. Total projected monthly income C. Excess income (A minus B) \$ -1,296	neaith		80.00
Taxes (not deducted from wages or included in home mortgage payments) (Specify) Installment payments: (In chapter 12 and 13 cases, do not list payments to be included in the plan) Auto Other Auto Other Alimony, maintenance, and support paid to others Payments for support of additional dependents not living at your home Regular expenses from operation of business, profession, or farm (attach cetailed statement) Other (FOR CHAPTER 12 AND 13 DEBTORS ONLY) Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interv A. Total projected monthly income 569 Total projected monthly expenses	-took - Walkalahan		80.00
Taxes (not deducted from wages or included in home mortgage payments) (Specify) Installment payments: (In chapter 12 and 13 cases, do not list payments to be included in the plan) Auto Other Auto Other Alimony, maintenance, and support paid to others Payments for support of additional dependents not living at your home Regular expenses from operation of business, profession, or farm (attach cetailed statement) Other (FOR CHAPTER 12 AND 13 DEBTORS ONLY) Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interval. A. Total projected monthly income B. Total projected monthly expenses C. Excess income (A minus B) S (C) C) C) C) C) C) C) C) C) C)	Otto		0.00
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(Specify) Installment payments: (In chapter 12 and 13 cases, do not list payments to be included in the plan) Auto Other Altio Other Alimony, maintenance, and support paid to others Payments for support of additional dependents not living at your home Regular expenses from operation of business, profession, or farm (attach c etailed statement) Other TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules) \$ 1,860 (FOR CHAPTER 12 AND 13 DEBTORS ONLY) Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interv A. Total projected monthly income B. Total projected monthly expenses C. Excess income (A minus B) \$ 1,860			0.00
Alimony, maintenance, and support paid to others Payments for support of additional dependents not living at your home Regular expenses from operation of business, profession, or farm (attach cetailed statement) Other TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules) \$ 1,860 (FOR CHAPTER 12 AND 13 DEBTORS ONLY) Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interv A. Total projected monthly income B. Total projected monthly expenses 1,860 C. Excess income (A minus B) \$ 1,290	Taxes (not deducted from wages or included in home mortgage payments)		0.00
Installment payments: (In chapter 12 and 13 cases, do not list payments to be included in the polan) Auto Other Cher Alimony, maintenance, and support paid to others Payments for support of additional dependents not living at your home Regular expenses from operation of business, profession, or farm (attach cetailed statement) Other CTOTAL MONTHLY EXPENSES (Report also on Summary of Schedules) \$ 1,860 (FOR CHAPTER 12 AND 13 DEBTORS ONLY) Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular intervents. A. Total projected monthly income B. Total projected monthly expenses C. Excess income (A minus B) \$ -1,290	(Specify)		0.00
Auto Other Auto Other Cother			
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Alimony, maintenance, and support paid to others Payments for support of additional dependents not living at your home Regular expenses from operation of business, profession, or farm (attach cetailed statement) Other TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules) (FOR CHAPTER 12 AND 13 DEBTORS ONLY) Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interv A. Total projected monthly income B. Total projected monthly expenses 1,866 C. Excess income (A minus B) \$ -1,296		Ψ	0.00 0.00
Alimony, maintenance, and support paid to others Payments for support of additional dependents not living at your home Regular expenses from operation of business, profession, or farm (attach cetailed statement) Other TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules) (FOR CHAPTER 12 AND 13 DEBTORS ONLY) Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interval. A. Total projected monthly income B. Total projected monthly expenses C. Excess income (A minus B) \$ 1,860	Other		0.00
Alimony, maintenance, and support paid to others Payments for support of additional dependents not living at your home Regular expenses from operation of business, profession, or farm (attach cetailed statement) Other CONDITION OF THE STAND 13 DEBTORS ONLY) Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interview. A. Total projected monthly income B. Total projected monthly expenses C. Excess income (A minus B) \$ (C) CONDITION ONLY) S (C) CONDITION ONLY) Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interview. A. Total projected monthly expenses C. Excess income (A minus B) S (C) S (C) CONDITION ONLY) CONDITION ONLY C			0.00
Payments for support of additional dependents not living at your home Regular expenses from operation of business, profession, or farm (attach cetailed statement) Other CONTROL MONTHLY EXPENSES (Report also on Summary of Schedules) (FOR CHAPTER 12 AND 13 DEBTORS ONLY) Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interval. A. Total projected monthly income B. Total projected monthly expenses C. Excess income (A minus B) \$ 0.0000000000000000000000000000000000			0.00
Regular expenses from operation of business, profession, or farm (attach cetailed statement) Other CONTROL MONTHLY EXPENSES (Report also on Summary of Schedules) (FOR CHAPTER 12 AND 13 DEBTORS ONLY) Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular intervors. A. Total projected monthly income B. Total projected monthly expenses C. Excess income (A minus B) \$	Alimony, maintenance, and support paid to others		0.00
Other COTAL MONTHLY EXPENSES (Report also on Summary of Schedules) (FOR CHAPTER 12 AND 13 DEBTORS ONLY) Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular intervers. A. Total projected monthly income B. Total projected monthly expenses C. Excess income (A minus B) \$ -1,290	Payments for support of additional dependents not living at your home		0.00
TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules) (FOR CHAPTER 12 AND 13 DEBTORS ONLY) Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interv A. Total projected monthly income B. Total projected monthly expenses C. Excess income (A minus B) \$ 1,860	Regular expenses from operation of business, profession, or farm (attach cetailed statement)		0.00
TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules) \$\frac{1,860}{1,860}\$ (FOR CHAPTER 12 AND 13 DEBTORS ONLY) Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interv A. Total projected monthly income B. Total projected monthly expenses C. Excess income (A minus B) \$\frac{1,860}{-1,290}\$	Other		0.00
TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules) \$\frac{1,860}{1,860}\$ (FOR CHAPTER 12 AND 13 DEBTORS ONLY) Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interv A. Total projected monthly income B. Total projected monthly expenses C. Excess income (A minus B) \$\frac{1,860}{-1,290}\$			0.00
TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules) (FOR CHAPTER 12 AND 13 DEBTORS ONLY) Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interv A. Total projected monthly income B. Total projected monthly expenses C. Excess income (A minus B) \$ 1,860			0.00
(FOR CHAPTER 12 AND 13 DEBTORS ONLY) Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interv A. Total projected monthly income B. Total projected monthly expenses C. Excess income (A minus B) \$ -1,290	TOTAL MONTHLY EVENNESS (Panet also as Summer, of Schodules)	<u></u>	1 860 00
Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interv A. Total projected monthly income B. Total projected monthly expenses C. Excess income (A minus B) \$ -1,290	TOTAL MONTHLY EXPENSES (Report also on Summary of Scriedules)	*	1,000.0
A. Total projected monthly income B. Total projected monthly expenses C. Excess income (A minus B) 569 1,860 571,290		h. or of gama sth.	or regular interval
B. Total projected monthly expenses C. Excess income (A minus B) \$ 1,860 -1,290	riovide the imormation requested below, including whether plan payments are to be made bi-weekly, monthly, annual	y, or at some othe	a regular interval.
B. Total projected monthly expenses C. Excess income (A minus B) \$ 1,860 -1,290	A. Total projected monthly income		569.78
C. Excess income (A minus B) \$			1,860.00
D. Total amount to be paid into plan each \$	C. Evenes income (A minus P)	\$	-1,290.22
D. Total amount to be paid into plan each \$			
		· ·	0.00



In re: Jenks, Joelle

Debtor(s) Case No.

(if known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

	read the foregoing summary and schedules, consisting	of 19 sheets (Total shown on summary page plus 1.)
nat they are true and correct to the best of	r my knowledge, information, and belief.	(Total shown on summary page plus 1.)
Oate 01/29/04	Signature	/ lendo
Pate	Jenk Signature	s, Joelle Debto
·	(if joint case, both	(Joint Debtor, if any) n spouses must sign.)
CERTIFICATION AND SIGNATUR	E OF NON-ATTORNEY BANKRUPTCY PETITIO	N PREPARER (See 11 U.S.C. § 110)
I certify that I am a bankruptcy petition p provided the debtor with a copy of this do	reparer as defined in 11 U.S.C § 110, that I prepared the cument.	nis document for compensation, and that I have
Printed or Typed Name of Bankruptcy	Petition Preparer Social Security	y Number
Address		
	uals who prepared or assisted in preparing this document:	
	uals who prepared or assisted in preparing this document:	
	uals who prepared or assisted in preparing this document:	
Names and Social Security numbers of all other Individu	uals who prepared or assisted in preparing this document: additional signed sheets confirming to the appropriate Official Form for eac	ch person.
Names and Social Security numbers of all other Individual states of all other Individual stat	additional signed sheets confirming to the appropriate Official Form for eac	·
Mames and Social Security numbers of all other Individual more than one person prepared this document, attach a Signature of Bankruptcy Petition Prebankruptcy petition preparer's failure to comply with the	additional signed sheets confirming to the appropriate Official Form for eac	te
Mames and Social Security numbers of all other Individual more than one person prepared this document, attach a Signature of Bankruptcy Petition President preparer's failure to comply with the imprisonment or both.	additional signed sheets confirming to the appropriate Official Form for eac parer Dat	te y result in fines
more than one person prepared this document, attach a Signature of Bankruptcy Petition Prebankruptcy petition preparer's failure to comply with the imprisonment or both. DECLARATION UNDER PE	parer parer parovisions of title 11 and the Federal Rules of Bankruptcy Procedure may ENALTY OF PERJURY ON BEHALF OF CORPOF	te y result in fines RATION OR PARTNERSHIP cer or an authorized agent of the corporation
more than one person prepared this document, attach a Signature of Bankruptcy Petition Prebankruptcy petition preparer's failure to comply with the imprisonment or both. DECLARATION UNDER PEI, the	parer Dates provisions of title 11 and the Federal Rules of Bankruptcy Procedure may ENALTY OF PERJURY ON BEHALF OF CORPOR (the president or other official form for each provision of the partnership) of the	RATION OR PARTNERSHIP cer or an authorized agent of the corporation(corporation or partnership
more than one person prepared this document, attach a Signature of Bankruptcy Petition Prebankruptcy petition preparer's failure to comply with the imprisonment or both. DECLARATION UNDER PELI, the or a member or an authorized agent of the named as debtor in this case, declare under the simple of the same of the sam	parer Date provisions of title 11 and the Federal Rules of Bankruptcy Procedure may ENALTY OF PERJURY ON BEHALF OF CORPORT (the partnership) of the (the president or other official for perjury that I have read the foregoing summer.	RATION OR PARTNERSHIP cer or an authorized agent of the corporation (corporation or partnership) mary and schedules, consisting of
more than one person prepared this document, attach a Signature of Bankruptcy Petition Prebankruptcy petition preparer's failure to comply with the imprisonment or both. DECLARATION UNDER PEI, the or a member or an authorized agent of the named as debtor in this case, declare under the content of the case, declare under the case, declare u	parer Dates provisions of title 11 and the Federal Rules of Bankruptcy Procedure may ENALTY OF PERJURY ON BEHALF OF CORPOR (the president or other official form for each provision of the partnership) of the	RATION OR PARTNERSHIP cer or an authorized agent of the corporation (corporation or partnership mary and schedules, consisting of
more than one person prepared this document, attach a Signature of Bankruptcy Petition Prebankruptcy petition preparer's failure to comply with the imprisonment or both. DECLARATION UNDER PEI, the	parer Date provisions of title 11 and the Federal Rules of Bankruptcy Procedure may (the president or other official form) of the partnership) of the (the president or other official for penalty of perjury that I have read the foregoing summs, and that they are true and correct to the best of my kn	RATION OR PARTNERSHIP cer or an authorized agent of the corporation (corporation or partnership) mary and schedules, consisting of

(Print or type name of individual signing on behalf of debtor.)

(An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.)

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

Form 7W Stmt. of Financial Affairs (12-95)

STATEMENT OF FINANCIAL AFFAIRS

UNITED STATES BANKRUPTCY COURT

Western district of New York

In re: Jenks, Joelle

Debtor(s) Case No.

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs.

Questions 1-18 are to be completed by all debtors. Debtors that are or have been in business with in the last 6 years, as defined below, also must complete Question to any question is "None" or the question is not applicable, mark the box labeled "None". If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within the two years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or person in control of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any person in control of a corporate debtor and their relatives; affiliates or the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. §101(30).

NONE

1

1. INCOME FROM EMPLOYMENT OR OPERATION OF BUSINESS

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT 7,136.57	income	from	employment		the	year	2003
19,057.00	Income	from	employment	for	the	year	2002



Unsworn Declaration SFA W (11-95)

in re: Jenks, Joelle

Debtor(s) Case No.

(if known)

DECLARATION CONCERNING DEBTOR'S STATEMENT OF FINANCIAL AFFAIRS

DECLARATION UNDER PENALTY OF PERJURY

(If completed by an individual or individual and spouse) I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 01/29/04	Signature Jenks, Joelle	Debtor
Date	Signature(if joint case, both spouses must sign.)	(Joint Debtor, if any)
CERTIFICATION AND SIGNATURE OF NON-ATTOR I certify that I am a bankruptcy petition preparer as defined in 11 Uprovided the debtor with a copy of this document.		
Printed or Typed Name of Bankruptcy Petition Preparer	Social Security Number	
f more than one person prepared this document, attach additional signed shee	ts confirming to the appropriate Official Form for each person.	
Signature of Bankruptcy Petition Preparer	Date	
A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Fed		th.
I, thenember or an authorized agent of the partnership) of thenamed as debtor in this case, declare under penalty of perjury that I	(corporation	the corporation or a n or partnership) sisting of
Date	Signature	

(Print or type name of individual signing on behalf of debtor.)

(An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.)

PENALTY FOR MAKING A FALSE STATEMENT OR CONCEALING PROPERTY: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

Form 7W Stmt. of Financial Affairs (12-95)

STATEMENT OF FINANCIAL AFFAIRS

UNITED STATES BANKRUPTCY COURT

Western DISTRICT OF New York

In re: Jenks, Joelle

Debtor(s) Case No.

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs.

Questions 1-18 are to be completed by all debtors. Debtors that are or have been in business with in the last 6 years, as defined below, also must complete Question to any question is "None" or the question is not applicable, mark the box labeled "None". If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

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"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any person in control of a corporate debtor and their relatives; affiliates or the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. §101(30).

NONE

1. INCOME FROM EMPLOYMENT OR OPERATION OF BUSINESS

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT 7,136.57	income	from	employment		the	year	2003
19,057.00	Income	from	employment	for	the	year	2002

| 2. INCOME OTHER THAN FROM EMPLOYMENT OR OPERATION OF BUSINESS

State the amount of income received by the debtor other than employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT 638.90	SOURCES Income from Disability for the year 2003
2,000.00	Income received from child support for the year 2002
6,837.36	Income received from child support for the year 2003
569.78	Income received from child support year to date

NONE

|X| 3A. PAYMENTS TO CREDITORS

List all payments on loans, installment purchases of goods or services, and other debts, aggregating more than \$600 to any creditor, made within 90 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NONE

|X| 3B. PAYMENTS TO CREDITORS

List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| 4A. SUITS AND ADMINISTRATIVE PROCEEDINGS, EXECUTION, GARNISHMENTS AND ATTACHMENTS

List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT
AND CASE NUMBER
Citibank Vs. Joelle

NATURE OF
PROCEEDING
Debt Collection

COURT
AND LOCATION
Supreme Court

STATUS OR
DISPOSITION
Judgement rendered

Jenks

NONE

|X| 4B. SUITS AND ADMINISTRATIVE PROCEEDINGS, EXECUTION, GARNISHMENTS AND ATTACHMENTS

Describe all property that has been attached, garnished, or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NONE

| 5. REPOSSESSIONS, FORECLOSURES, AND RETURNS

List all property that has been repossessed by a creditor, sold at foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN DESCRIPTION
AND VALUE OF
PROPERTY

ESL Federal Credit Union 100 Kings Highway South Rochester, New York 7/23/2003

1997 Cutlass Oldsmobile that was voluntarily surrendered.

ESL Federal Credit Union 100 Kings Highway South Rochester, New York 8/23/2003

1998 TransSport Van that was voluntarily surrendered.

NONE

|X| 6A. ASSIGNMENTS AND RECEIVERSHIPS

Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

|X| 6B. ASSIGNMENTS AND RECEIVERSHIPS

List all property which has been in the hands of a custodian, receiver, or court appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NONE

|X| 7. GIFTS

List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NONE

|X| 8. LOSSES

List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NON

|X| 9. PAYMENTS RELATED TO DEBT COUNSELING OR BANKRUPTCY

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

NONE

| | 10. OTHER TRANSFERS

List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY
TRANSFERRED
AND VALUE RECEIVED

Martin Kelly 432 East State St. Albion, NY 14470 12/23/2003 88 Buick Regal, No value received

NONE

|X| 11. CLOSED FINANCIAL ACCOUNTS

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, saving, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NONE

|X| 12. SAFE DEPOSIT BOX

List each safe deposit or other box or depository in which the debt has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Marriec debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed .)

NONE

|X| 13. SETOFFS

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NONE

|X| 14. PROPERTY HELD FOR ANOTHER PERSON

List all property owned by another person that the debtor holds or controls.

NONE

| 15. PRIOR ADDRESS OF DEBTOR

If the debtor has moved within two years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS 432 East State Street, Albion, NY	NAME USED Same	DATES OF OCCUPANCY 2001-2002
4737 S. Manning Road Holley, NY 14470	Same	2003
7959 Wiscoy Road Portageville, NY 14536	Same	December 2003 to present
89 Public Square Holley, New York	Same	2002

NONE

|X| 16. SPOUSES AND FORMER SPOUSES

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the six-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides with the debtor in the community property state.

|X| 17A. ENVIRONMENTAL INFORMATION

List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

NONE

|X| 17B. ENVIRONMENTAL INFORMATION

List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

NONE

|X| 17C. ENVIRONMENTAL INFORMATION

List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NONE

|X| 18A. NATURE, LOCATION, AND NAME OF BUSINESS

If the debtor is an individual, list the names, addresses, taxpayer indentification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was a self-employed professional within the six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

NONE

|X| 18B. NATURE, LOCATION, AND NAME OF EUSINESS

Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. Sec. 101.



UNITED STATES BANKRUPTCY COURT

Western **DISTRICT OF**

New York

n Jenks, Joelle

Debtor(s) Case No.

(if known)

STATEMENT

	Pursuant to Rule 2016(b)	
The ı	undersigned, pursuant to Rule 2016(b) Bankruptcy Rules, states that:	
(1)	The undersigned is the attorney for the debtor(s) in this Cese.	
	The compensation paid or agreed to be paid by the debtor(s) to the undersigned is: (a) for legal services rendered or to be rendered in comtemplation of and in connection with this case (b) prior to filing this statement, debtor(s) have paid \$	650.00 650.00 0.00
(3)		0.00
	\$ 209.00 of the filing fee in this case has been paid. The services rendered or to be rendered include the following: (a) analysis of the financial situation, and rendering advice and assistance to the debtor(s) in determining whether to file a petition under title 11 of the United States Code. (b) preparation and filing of the petition, schedules, statement of affairs and other documents required by the court. (c) representation of the debtor(s) at the meeting of creditors.	
	The source of payments made by the debtor(s) to the undersigned was from earnings, wages and compensation for services performed, and Nothing else.	
(6)	The source of payments made by the debtor(s) to the undersigned for the unpaid balance remaining, if any, will be from earnings, wages and compensation for services performed, and Nothing Else.	
	The undersigned has received no transfer, assignment or pledge of property except the following for the value stated: Not Applicable.	
(8)	The undersigned has not shared or agreed to share with any other entity, other than with members of undersigned's law firm, any compensation paid or to be paid except as follows: not Applicable.	

Dated: 01/29/04

Respectfully submitted,

Attorney for Petitioner

Attorney's name and address 1722 Lake Road, P.O. Box 165, Hamlin, NY 14464

Case 1-04-10766-MJK, Doc 1, Filed 02/06/04, Entered 02/06/04 15:28:08, Description: Main Document , Page 32 of 35

Angela Leverson 5707 E. Lake Road Conecius, NY 14435

Citibank/CCSI
Bankruptcy Recovery Dept.
Attn: Diana Ekis
7920 NW 110 St. POB 20487
Kansas City, MO 64195-9904

ESL Federal Credit Union Attn: Janet Burt, LSD 100 Kings Hwy., S. Suite 1200 Rochester, New York 14617-9974

Frontier Telephon of Rochester Att: J. Coyne/A. Lembaris Bankruptcy Clerk 180 S. Clinton Ave. Rochester, NY 14646-0300

General Environmental Technica P.o. Box 76 Spencerport, NY 14559

Genesee Valley Family Medicine 118 Main Street P.O. Box 99 Mt. Morris, NY 14510

Jacqueline Crans 105 N. Main Street Mt. Morris New York 14510

Lakeside Memorial Hospital 156 West Ave. Brockport, NY 14420

Mercantile Adjustment Bureau P.O. Box 9315A Rochester, New York 14604-0999

Noyes Memorial Hospital 111 Clara Baston Street Dansville, NY 14437

Park Ridge Hospital 125 Indigo Creek Dr. Rochester, New York 14626

Providian P.O. Box 9015 Pleasanton, CA 94566-9016

RG&E 89 East Ave. Rochester, NY 14649-0001

SEARS
Bankruptcy Recovery
P.O. Box 3671
DesMoines, IA 50322

Strong Health Church Street Station P.O. Box 6772 New York, NY 10249-6772 Re: John Norante, MD.

TSI 500 Commerce Boulevard Rohnert Park, CA 94928-1651

The Elizabeth Wende Breast 170 Sawgrass Drive Rochester, NY 14620-4648

Transworld Systems, Inc. 6255 Sheridan Drive #200 Amherst, NY 14221

Upton Cohen & Slamowitz 485 Underhill Blvd. Syosset, NY 11791

VERIZON AU: Bankruptcy Specialist 6360 Thompson Road POB 6360 Fir: 1 Syracuse, NY 13206